PSEG Nuclear LLC P.O. Box 236, Hancocks Bridge, NJ 08038 tel: 856.339.1100 fax: 856.339.1104

LR-N06-0046

JAN 3 1 2006

Mr. Samuel Collins
Regional Administrator
United States Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

PSEG METRICS FOR IMPROVING THE WORK ENVIRONMENT SALEM AND HOPE CREEK GENERATING STATIONS QUARTERLY REPORT DOCKET NOS. 50-272, 50-311 AND 50-354

Dear Mr. Collins:

This letter provides a copy of the PSEG Nuclear (PSEG) Safety Conscious Work Environment (SCWE) metrics for the fourth quarter 2005. PSEG put these metrics in place to objectively measure the effectiveness of the SCWE improvements at Salem and Hope Creek Generating Stations. PSEG conducted an analysis of each metric and decided whether and to what extent the results warrant additional actions.

In-depth assessments of the work environment were conducted in the first half of 2004. The Business Plan for the remainder of 2004 and for 2005 was revised to address the issues identified by these assessments. Business Objectives of SCWE, Corrective Action Program, Work Management, Leadership Effectiveness, and Facilities/Housekeeping were developed, with the first three objectives having the most significant and immediate impact on improving our work environment. The 2004/2005 Business Plan is now complete, with the exception of two Facility initiatives (i.e., renovation of the Hope Creek cafeteria and the Salem Instrumentation & Control shop) that will be completed in 2006.

Implementation of the Business Plan initiatives has resulted in substantial and visible improvements at Salem and Hope Creek Generating Stations. Significant reductions in maintenance backlogs and significant improvements in implementation of the Corrective Action Program were achieved. Safety system

performance improved during 2005 as a result of more effectively managing our problem resolution processes and most safety system performance indicators are currently at annual top quartile performance levels. Visible facility improvements have also been made that improve the material condition of the stations as well as provide renovated workspaces for our staff.

PSEG recognizes the need to sustain these improvements. Self-assessments of SCWE and Problem Identification and Resolution (PI&R) processes noted positive changes in many areas, as well as additional opportunities for improvement. Subsequent NRC inspection of these areas concluded that progress has been made in addressing our work environment problems and, consistent with our self-assessments, noted issues that require additional action and focused attention. PSEG will continue to monitor our performance and utilize the Corrective Action Program to continuously increase the effectiveness of our improvement efforts.

An overall evaluation of our progress toward sustained performance against the "pillars" of a healthy SCWE yielded the following results:

# <u>Pillar 1</u>: Willingness to Raise Concerns

The metric monitoring this pillar is Total Notifications Generated.

The indicator shows that site personnel continue to write Notifications at a rate indicative of a low threshold for problem reporting. There was an increase in the number of notifications generated from 2004 to 2005. Personnel surveys and interviews conducted during self-assessments indicate improvement in this area is, in part, due to a greater confidence that identified problems will be responded to and corrected. Overall performance of this metric for 2005 reflects the continued confidence of the workforce in the Corrective Action Program.

# Pillar 2: Effective Problem Resolution

The metrics monitoring this pillar are Online Corrective and Elective Maintenance Backlogs, Corrective Action Problem Resolution, Condition Report Activities Overdue, Open Condition Report Evaluations with Due Date Extensions, Repeat Maintenance Issues, Operational Challenges, Unplanned Shutdown Limiting Condition of Operation (LCO) Entries, Unplanned Non-Shutdown Limiting Condition of Operation (LCO) Entries, and Safety System Unavailability (i.e., Emergency Diesel Generators, Auxiliary Feedwater



System, Chemical Volume Control and Safety Injection System, High Pressure Injection and Reactor Core Isolation Cooling Systems, and Residual Heat Removal System).

Metrics and equipment performance show that problem resolution has substantially improved.

Long-standing equipment deficiencies were resolved through a 90 percent reduction in the online corrective maintenance backlog, which reached the year-end goal of less than 15 items per unit and reflects top industry performance levels. Similarly, the online elective maintenance backlog was reduced by 48 percent, reaching the year-end goal to achieve top industry performance levels.

Evaluations in the Corrective Action Program continued to be completed in a timely manner and corrective action quality remained high. The number of open evaluations in the Corrective Action Program was reduced by 67 percent and the number of open corrective actions was reduced by 59 percent over the course of the year. A sustained focus on the behaviors that foster effective problem resolution has resulted in metrics that reflect the positive outcomes of these efforts, including a low frequency of repeat maintenance and generally low safety system unavailability.

Most safety systems performance indicators remained at annual top quartile performance levels as a result of more effectively managing our problem resolution processes. Performance in prior years is causing the three-year rolling average goal not to be met in some instances. The focus will remain on sustaining annual top quartile performance levels and improvements are expected in the three-year rolling average metrics as historical performance data is replaced.

Facility improvements have also been made, including application of approximately 450,000 square feet of new plant coatings at the stations and renovations to the workspaces of more than 40 percent of our staff. This visible effort reflects PSEG's expectations for the plant material condition as well as the value placed on improving the workspace for our personnel.

A minor change was made to the metrics for Operational Challenges, that track the number of plant operational issues warranting response by a multi-discipline team. An Event Review Team replaced the Operational Challenges



Response Team previously used for addressing these operational issues when the applicable procedure was changed to the Exelon Management Model on December 29, 2005. The two teams are equivalent and the Operational Challenge metrics have been revised accordingly with the new terminology.

# Pillar 3: Alternate Mechanisms to Raise Concerns

The metric monitoring this pillar is Employee Concerns Program – Concerns Confidentiality/Anonymity Request.

In 2005, PSEG completed a number of actions to address the results of an Employee Concerns Program (ECP) self-assessment as well as an NRC inspection of the program. Overall, ECP continues to provide an effective, alternate means for identifying issues. During the fourth quarter, there was a decrease in the number of total contacts and the number of confidentiality requests. There were also no anonymous concerns. An increase in the use of anonymous Notifications may be contributing to these changes. No adverse trend was detected. Outreach efforts by the ECP staff continue to communicate the important elements of this program with the workforce.

# Pillar 4: Detection/Prevention of Retaliation & Chilling Effect

The metric monitoring this pillar is Executive Review Board (ERB) Action Approvals.

In 2005, more than 200 Executive Review Board (ERB) reviews were performed and none of the proposed personnel actions (e.g., personnel movements, discipline) had retaliation or chilling effect implications, which demonstrates strong performance in this pillar. ECP data showed a significant decrease in retaliation/discrimination issues in the fourth quarter. This is the third consecutive quarter where the frequency of these types of issues declined. Management actions continue to reflect a sound understanding of and respect for the work environment.

In summary, performance in each pillar has shown substantial improvement due to implementation of many initiatives, including the 2004/2005 Business Plan. FSEG's ability to resolve problems has substantially improved, resulting in improvements to the work environment, facilities, and safety system performance. Continued active and open communications with personnel at all



Attachment

levels in the organization, operating standards reflective of top industry performance levels, clear accountability for personnel and organizational behaviors, and strong performance in the Work Management and Corrective Action Programs will demonstrate PSEG's ability to sustain these improvements.

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PSEG will continue to monitor its progress and report quarterly to the NRC. If you have any questions, please contact Darin Benyak, Regulatory Assurance Director, at 856-339-1740.

Sincerely,

**3** 

C U.S. Nuclear Regulatory Commission Document Control Desk Washington, DC 20555

> Mr. S. Bailey, Project Manager Salem & Hope Creek U. S. Nuclear Regulatory Commission Mail Stop 08B1 Washington, DC 20555-0001

USNRC Senior Resident Inspector - HC (X24)

USNRC Senior Resident Inspector - Salem (X24)

Mr. K. Tosch, Manager IV Bureau of Nuclear Engineering PO Box 415 Trenton, NJ 08625 Mr. Samuel Collins LR-N06-0046 Attachment I

**ATTACHMENT** 



# Safety Conscious Work Environment

December 2005

# logacional Dina Executive Review Duald (ERD) Jeviews proposed **EXECUTIVE REVIEW BOARD (ERB) ACTION** personnel actions to ensure no retaliation or Updated: Monthly chilling effect implications. **APPROVALS** Chart Owner **Safety Conscious Work Environment Manager** Goal: No Adverse Trend HARRION RUMINARIA FIGHTIN. The Executive Review Board (ERB) was established to ensure that no adverse action is taken or 2004 perceived to be taken against site personnel for raising nuclear safety issues. This Board reviews significant proposed discipline, promotions, transfers and terminations for PSEG employees and 20 supplemental (contract) personnel. 15 Reporting/data entry starts in April **ERB Cases** Analysis: During the 4th Quarter of 2005, PSEG conducted 64 ERBs. None were "Objected To" or "Tabled" and there is no adverse trend. This is a 100% success rate for the Quarter and 98% success rate for the year. Actions taken in this area have been effective. Furthermore, no retaliatory issues were identified in 2005. Actions: Continue to monitor for trends and communicate ERB applicability. Jan Feb Mar Jun Sep Oct Nov Dec Aug ■ Total Cases □ Approved Cases 30 27 27 27 27 ■Total Cases ERB Cases 20 16 16 15: 15 □ Approved Cases 15 12 12 12 12 12 10

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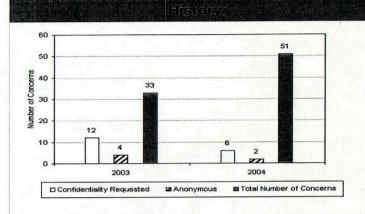
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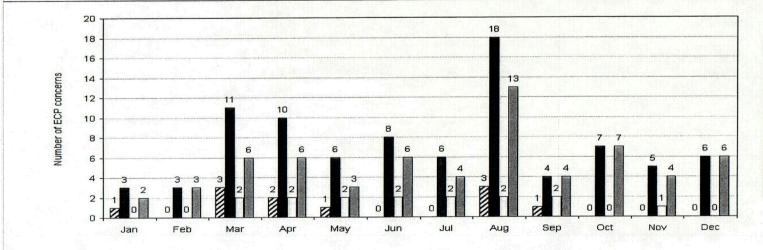
# EMPLOYEE CONCERNS PROGRAM CONCERNS CONFIDENTIALITY/ANONYMITY REQUEST Chart Owner Employee Concerns Program Manager Concerns Program The number of Employee Concerns Program concerns filed anonymously/confidentially versus total number of concerns per month. Chart does not include NRC 30-day requests. The number of Employee Concerns Program Concerns Program concerns filed anonymously/confidentially versus total number of concerns per month. Chart does not include NRC 30-day requests. The number of Employee Concerns Program Concerns Program concerns filed anonymously/confidentially versus total number of concerns per month. Chart does not include NRC 30-day requests. The number of Employee Concerns Program Concerns Program Concerns Frogram Concerns filed anonymously/confidentially versus total number of concerns per month. Chart does not include NRC 30-day requests. The number of Employee Concerns Program Concerns Program Concerns Frogram Concerns Frogram

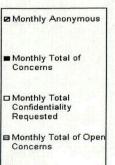


This metric shows the total number of concerns brought to the Employee Concerns Manager. This is an latternate means to have issues addressed outside of line management.

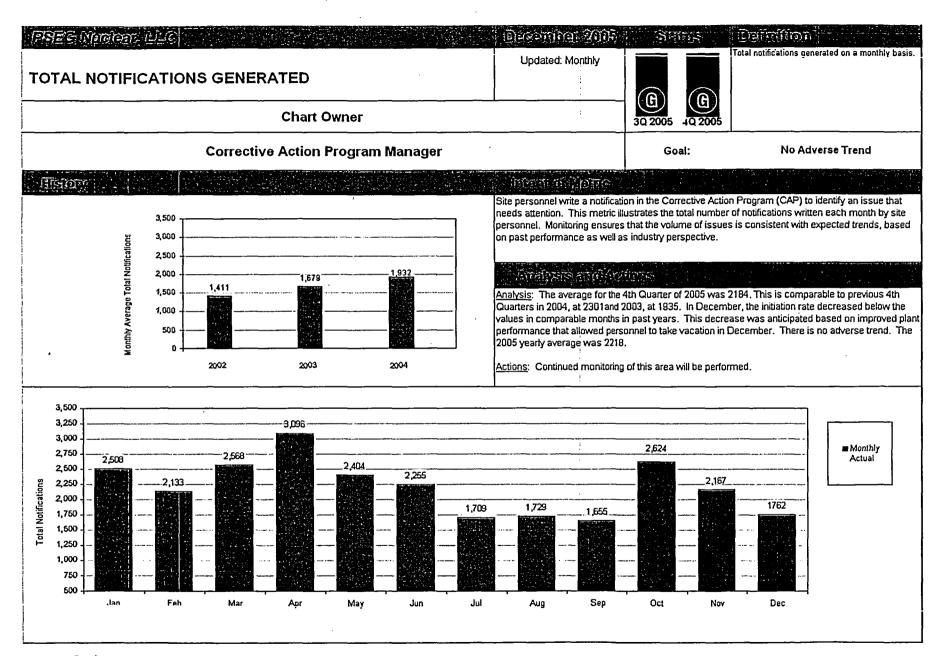
Analysis: There were no adverse trends for the 4th Quarter. There were zero anonymous concerns submitted to the Employee Concerns Program in the 4th Quarter. There was one concern in the 4th Quarter, where Confidentiality was requested. Overall for 2005, the numbers of Anonymous and Confidential concerns in the 4th Quarter is much lower than the first three quarters of the year. Implementation and increasing use of the Anonymous Notification process may be contributing to this reduction. There have been two requests for Confidentiality in each of the months in 2005 with the exceptions of January, February, October, November and December.

Actions: No actions required.



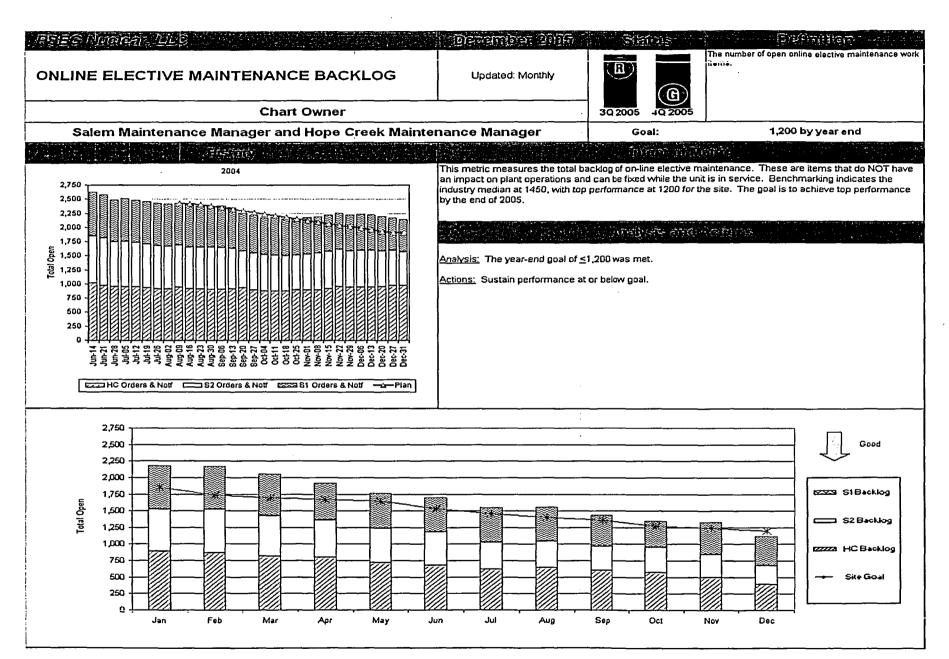






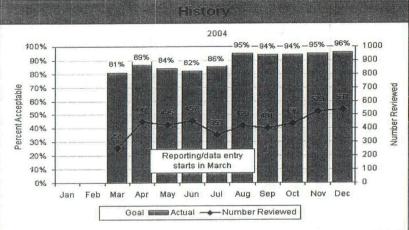


# FEEE CANAGER LATE किसीमाधिकार The number of open online corrective maintenance work items. ONLINE CORRECTIVE MAINTENANCE Updated: Monthly **BACKLOG Chart Owner** 45 by year end Salem Maintenance Manager and Hope Creek Maintenance Manager Goal: TOTAL SETTING HENE! This metric measures the total backlog of on-line corrective maintenance. These are items that have an impact on plant operations and can be fixed while the unit is in service. Benchmarking indicates the industry 2004 median at 90, with top performance at 45 for the site. The goal is to achieve top performance by the end of 2005. 400 350 Analysis: The year-end goal of ≤ 45 has been met. 300 250 Actions: Sustain performance at or below goal. 200 100 HC Actual Execution \$1 Actual S2 Actual 250 Good 200 STE STE STEEL Total Open 150 S2 Backlog 100 ZZZZ HCBacklog 50 \*\*\*\*





#### SHOWS PSEG Nuclear, LLC December 2005 The percent of corrective action closures CORRECTIVE ACTION PROBLEM determined to be acceptable by Corrective Action Updated: Monthly Closure Board review, based on the problem RESOLUTION resolution criteria. The performance indicator is a A monthly value. **Chart Owner** 96% **Corrective Action Program Manager** Goal:



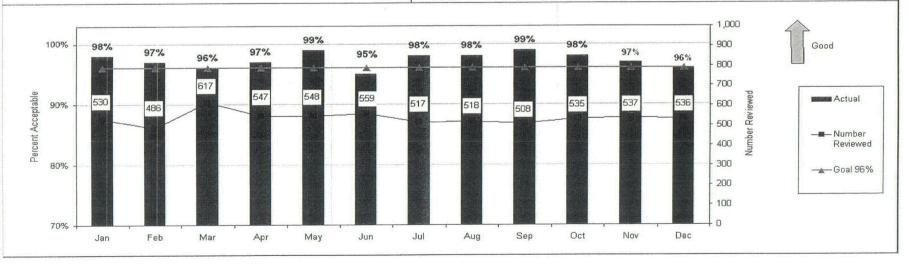
Site personnel write a notification in the Corrective Action Program (CAP) to identify an issue that needs attention. This metric tracks the quality of the corrective actions that resulted with a goal of greater than or equal to 96% Closure Board acceptance rate, meaning the correct actions resulted from the notification. Items that are not accepted by the Board are not closed until the issue is reworked and the Board approves.

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# Analysis and Actions

Analysis: The Corrective Action Closure Board acceptance rate results were within goal for the 4th Quarter of 2005. Specific closure failures continue to be addressed by their department management and personnel. No trends are evident.

Actions: Continue implementation of the CAP Excellence Plan to sustain performance at or above goal.



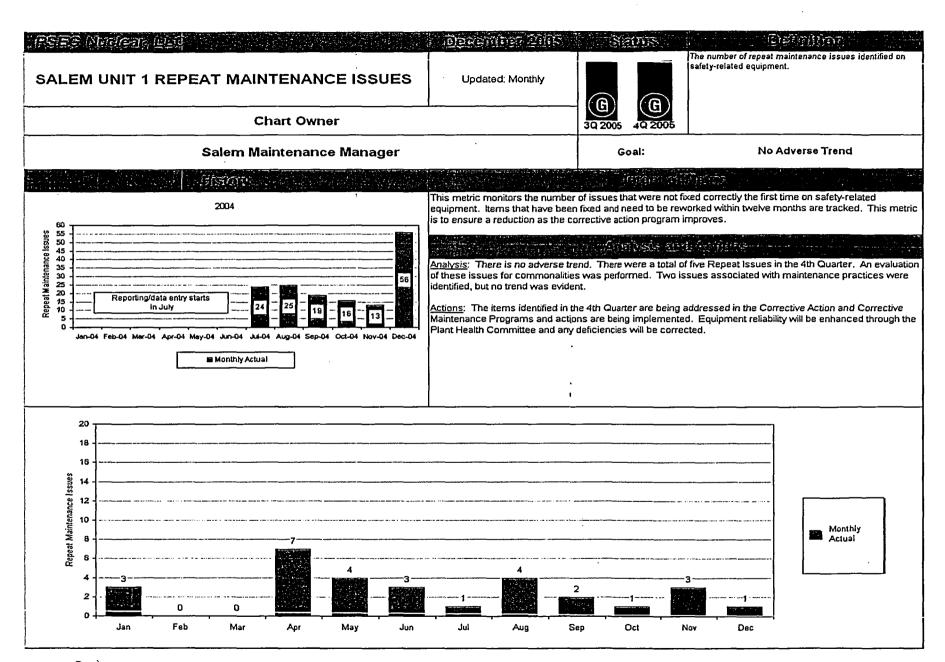


#### Selvis विद्यानी विकास Percentage of Nuclear Condition Report activities overdue on a monthly basis. CONDITION REPORT ACTIVITIES OVERDUE Updated: Monthly measured as activities with an actual finish date occurring after the due date. **( (e) Chart Owner Corrective Action Program Manager** 5% Goal: មែន មាន inam of Book Site personnel write a notification in our Corrective Action Program (CAP) to identify an issue 2004 that needs attention. This metric tracks the timeliness of our review and corrective actions by measuring the percentage overdue, with a goal of less than or equal to 5%. 12% Percentage Overdue 10% 8% 6% 4% Analysis: Overdue condition report activities remained below goal for the 4th Quarter. 2% Actions: Continue implementation of the CAP Excellence Plan to sustain performance at or Feb Mar May Jul Sep Oct Nov Jan Apr Aug below goal. 12% Good 10% Percentage Overdue Monthly Overdue 5% 4% 4% 4% 3% -ù-Goal Feb Jul Aug Oct Jan Mar Sep Apr May Jun Nov Dec

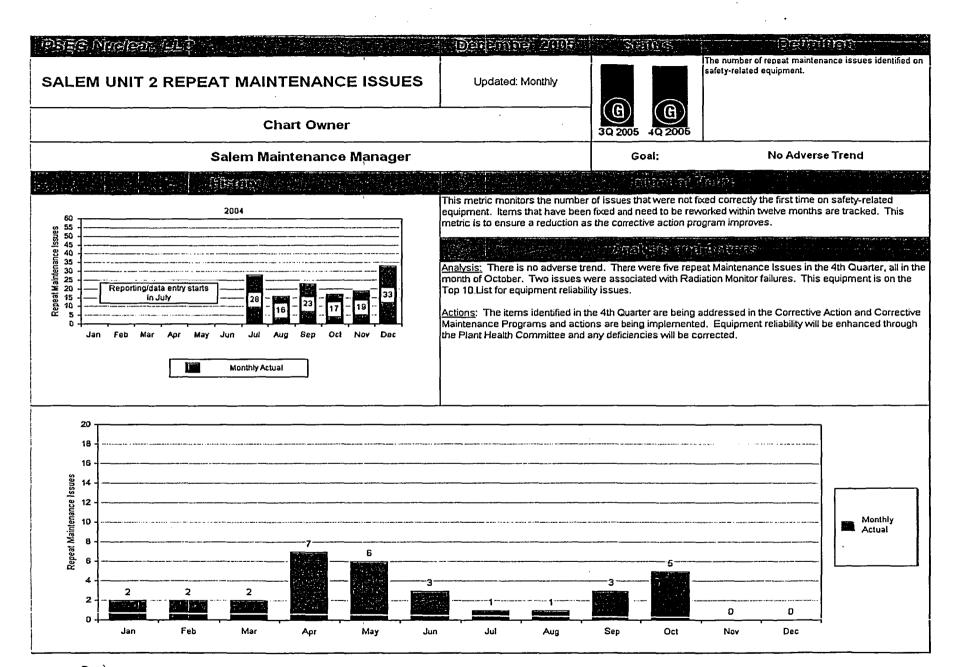


### Series The number of due date extensions approved for open Nuclear Condition Report evaluations. **OPEN CONDITION REPORT** Updated: Monthly **EVALUATIONS WITH DUE DATE EXTENSIONS Chart Owner Corrective Action Program Manager** No Adverse Trend Goal: Site personnel write a notification in the Corrective Action Program (CAP) to identify an issue that 2004 needs attention. This metric looks at the timeliness of review and corrective actions by tracking the 160 number that have a due date extension, which is allowed by the process. By tracking those that are 140 extended, an improvement trend in overall timeliness is expected. Number of Extensions 120 100 80 Reporting/data 60 entry starts in May Analysis: Evaluations with due date extensions continue to be low. There is no adverse trend. 40 20 Actions: Continue implementation of the CAP Excellence Plan. Mar Jul Sep Oct Monthly Total 100 90 80 Number of Extensions 70 60 ■ Monthly Total 40 30 20 Jan Feb Mar Jun May Sep Uct Ďес









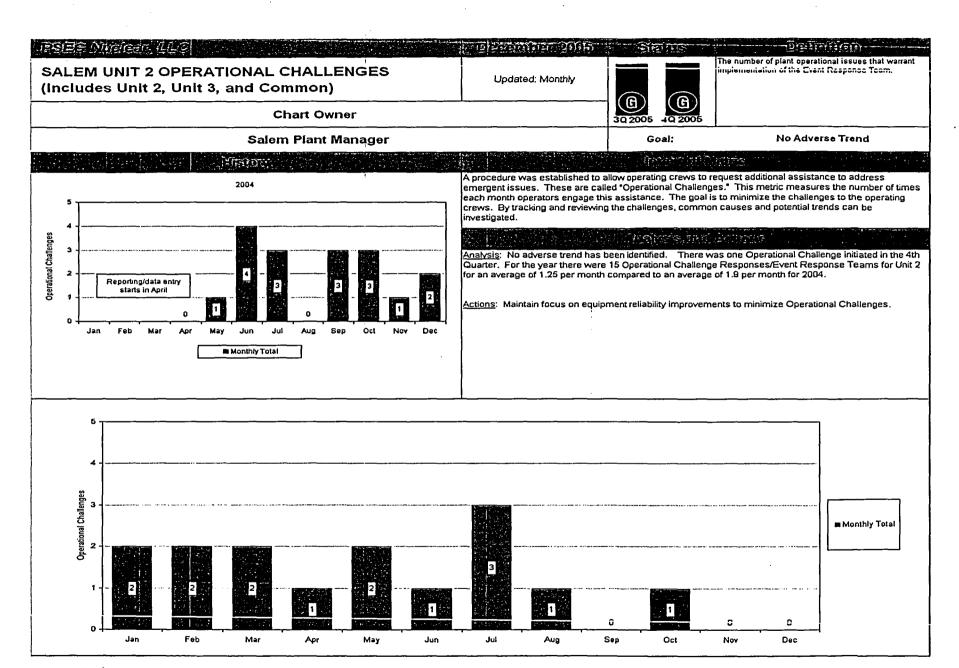


# डिम्ब्रहाक्षरकाक् The number of repeat maintenance issues identified on safety related equipment. HOPE CREEK REPEAT MAINTENANCE ISSUES Updated: Monthly **Chart Owner Hope Creek Maintenance Manager** Goal: No Adverse Trend CERTIFICATION ..... Trining of Recife This metric monitors the number of issues that were not fixed correctly the first time on safety-related 2004 equipment. Items that have been fixed and need to be reworked within twelve months are tracked. This metric is to ensure a reduction as the corrective action program improves. o 45 Analysis: There is no adverse trend. There were a totoal of 12 repeat Maintenance issues in the 4th Quarter. An evaluation of these issues for commonalities was performed and no trend was evident. 40 35 Actions: The items identified in the 4th Quarter are being addressed in the Corrective Action and Corrective Maintenance Programs and actions are being implemented. Equipment reliability will be enhanced through the 30 25 Plant Health Committee and any deficiencies will be corrected. Reporting/data entry starts 20 10 Monthly Actual 20 Repeat Maintenance Issues 13 Monthly 3 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

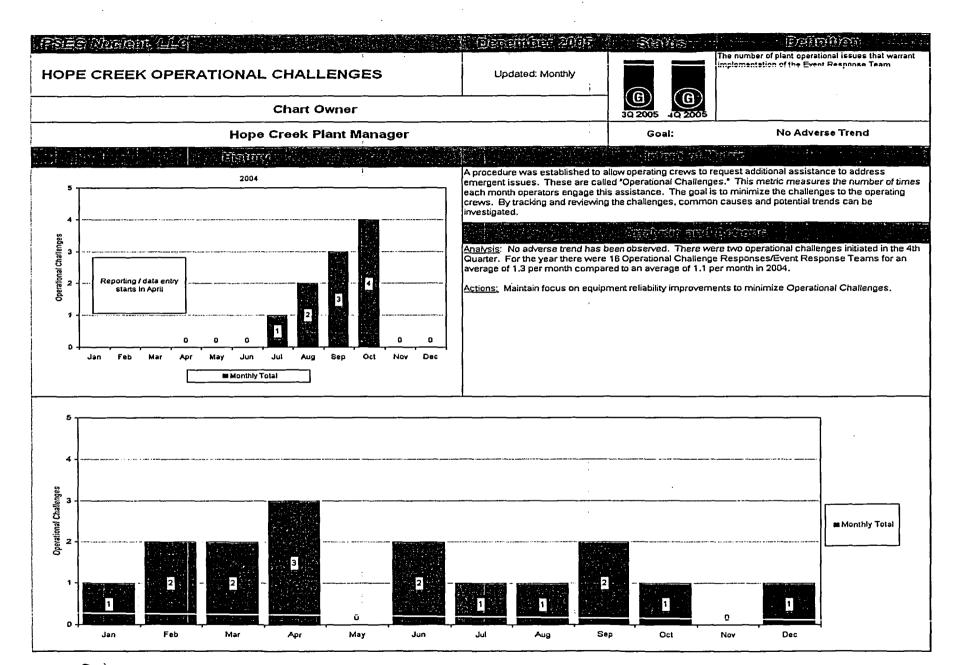


# PRIEM INTERIOR LLILE जाता जनता जान The number of plant operational issues that warrant implementation of the Event Response Team. SALEM UNIT 1 OPERATIONAL CHALLENGES Updated: Monthly **Chart Owner** Salem Plant Manager No Adverse Trend Goal: Hen A procedure was established to allow operating crews to request additional assistance to address 2004 emergent issues. These are called "Operational Challenges." This metric measures the number of times each month operators engage this assistance. The goal is to minimize the challenges to the operating crews. By tracking and reviewing the challenges, common causes and potential trends can be Challenges investigated. Avelose mai delinge Analysis: No adverse trend has been identified. There were two Operational Challenges initiated in the 4th Reporting/data entry Quarter. For the year there were 18 Operational Challenge Responses/Event ResponseTeams for Unit 1 starts in April for an average of 1.5 per month compared to an average of two per month for 2004. Actions: Maintain focus on equipment reliability improvements to minimize Operational Challenges. Jan Feb Apr Jun Jul Aug Sep Monthly Total Challenges ■ Monthly Total Operational 8 Feb Mar May Jun Jul Sep Oct Dec Apr Aug Nov











# ि<u>ध्यानिस्</u>राज्य The number of Unplanned Shutdown Technical SALEM UNIT 1 UNPLANNED SHUTDOWN Specification Limiting Conditions of Operation (LCOs) entered during the month. LIMITING CONDITION OF OPERATION (LCO) Updated: Monthly **ENTRIES** 3Q 2005 4Q 2005 **Chart Owner** Salem System Engineering Manager 2 per Month Goal: Nuclear plants are operated under a fundamental set of rules from the Nuclear Regulatory Commission 2004 (NRC) called Technical Specifications. Certain rules require operators to enter a shutdown LCO. meaning the equipment must be fixed in a defined period of time, or unit shutdown is required. This metric measures the unplanned entries made at Salem Unit 1, compared to the expected number at top performing nuclear units (less than or equal to 2/month). Unplanned LCO Entries Analysis: For the 4th Quarter 2005, there were 11 unplanned shutdown LCOs on Unit 1. The goal of two LCOs per month was not met. Evaluations of the failures were conducted and no trends were identified. Actions: These issues are being addressed in the Corrective Action and Equipment Reliability Programs. Aug Sep Monthly Shutdown LCOs Shutdown LCOs Goal Good Unplanned LCO Entries Monthly Shutdown LCOs -Monthly Shutdown LCOs Goal Mar May

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# PRIZE Medical full The number of Unplanned Non-Shutdown Technical SALEM UNIT 1 UNPLANNED NON-SHUTDOWN Specification Limiting Conditions of Operation (LCOs) entered during the month. LIMITING CONDITION OF OPERATION (LCO) Updated: Monthly **ENTRIES Chart Owner** Salem System Engineering Manager 6 per Month Goal: हिल्लिक Nuclear plants are operated under a fundamental set of rules from the Nuclear Regulatory Commission 2004 (NRC) called Technical Specifications. Certain rules require operators to enter a non-shutdown LCO. meaning the equipment must be fixed in a defined period of time, or you are required to take compensatory measures. This metric measures the unplanned entries made at Salem Unit 1, compared Unplanned LCO Entries to the expected number at top performing nuclear units (less than or equal to 6/month). 16 12 Analysis: For the 4th Quarter, there were a total of 13 Unplanned Non-Shutdown LCOs. The monthly goal for the Quarter was met. Evaluations of the failures were conducted and two adverse trends noted Sep Aug were in Waste Gas Analyzer and Radiation Monitor performance. Actions: The Waste Gas Analyzer and Radiation Monitor performance issues are being addressed in the Monthly Non - Shutdown LCOs 1st Quarter of 2006. All issues are being addressed in the Corrective Action and Equipment Reliability Non - Shutdown Programs. LCOs Goal 10 Good Unplanned LCO Entries Monthly Non -Shutdown LCOs 8 5 5 Non - Shutdown LCOs Goal 3 3 2



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## The number of Unplanned Shutdown Technical SALEM UNIT 2 UNPLANNED SHUTDOWN Specification Limiting Conditions of Operation (LCOs) entered during the month. LIMITING CONDITION OF OPERATION (LCO) Updated: Monthly **ENTRIES Chart Owner** 3Q 2005 4Q 2005 Salem System Engineering Manager Goal: 2 per Month Nuclear plants are operated under a fundamental set of rules from the Nuclear Regulatory Commission 2004 (NRC) called Technical Specifications. Certain rules require operators to enter a shutdown LCO, meaning the equipment must be fixed in a defined period of time, or unit shutdown is required. This metric measures the unplanned entries made at Salem Unit 2, compared to the expected number at top performing nuclear units (less than or equal to 2/month). Unplanned LCO Entries Analysis: There were seven Unplanned Shutdown LCOs in the 4th Quarter. The goal of two per month was not met. Evaluations of the failures were conducted and no trends were identified. Actions: These issues are being addressed in the Corrective Action and Equipment Reliability Programs. Jul Sep Oct Nov Dec Monthly Shutdown LCOs Shuldown LCOs Goal 10 Good Unplanned LCO Entries ■ Monthly Shutdown LCOs Monthly --Shutdown LCOs Goal Jan Feb Jul Mar Apr May Jun Aug Sep Oct Nov Dec



#### ESIEC MINDIEGE LIL ້າວັດລວກກຳລາ ໃນໃນຄົ The number of Unplanned Non-Shutdown SALEM UNIT 2 UNPLANNED NON-SHUTDOWN Technical Specification Limiting Conditions of Operation (LCOs) entered during the month. LIMITING CONDITION OF OPERATION (LCO) Updated: Monthly **ENTRIES Chart Owner** 6 per Month Salem System Engineering Manager Goal: Nuclear plants are operated under a fundamental set of rules from the Nuclear Regulatory Commission (NRC) called Technical Specifications. Certain rules require operators to enter a non-shutdown LCO, 2004 10 meaning the equipment must be fixed in a defined period of time, or you are required to take compensatory measures. This metric measures the unplanned entries made at Salem Unit 2, compared to the expected number at top performing nuclear units (less than or equal to 6/month). Unplanned LCO Entries Analysis: For the 4th Quarter, there were a total of 16 Unplanned Non-Shutdown LCOs. The monthly goal this Quarter was met. In December 2005, the monthly goal was not achieved due to the eight failures incurred. Evaluations of the failures were conducted and one trend was noted in Waste Gas Analyzer performance. Actions: The Waste Gas Analyzer performance issues are being addressed in the 1st Quarter of 2006. All issues are being addressed in the Corrective Action and Equipment Reliability Programs. Feb Mar Sep Oct Nov Dec Apr May Jun Aug Monthly Non - Shutdown LCOs --- Monthly Non - Shutdown LCOs Goal 10 Good Unplanned LCO Entries → Monthly Non 10 Shutdown LCOs 8 8 6 5 Non -3 Shutdown LCOs Goal Jan Feb Mar Jul Aug Apr May Jun Sep Oct Nov

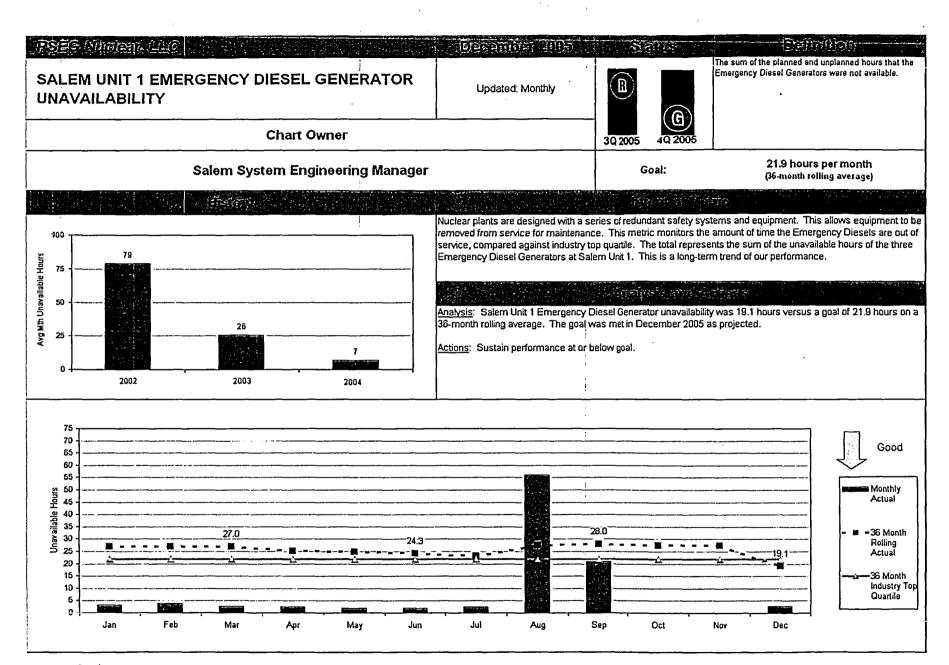


## Element Con TESTER MINISTERNATURE Desentedazione The number of Unplanned Shutdown Technical HOPE CREEK UNPLANNED SHUTDOWN Specification Limiting Conditions of Operation (LCOs) R entered during the month. LIMITING CONDITION OF OPERATION (LCO) Updated: Monthly **ENTRIES** 3Q 2005 4Q 2005 **Chart Owner** 2 per Month **Hope Creek Site Engineering Director** Goal: militari edililiati Nuclear plants are operated under a fundamental set of rules from the Nuclear Regulatory Commission (NRC) called Technical Specifications. Certain rules require operators to enter a shutdown LCO, meaning the equipment must be fixed in a defined period of time, or unit shutdown is required. This metric measures the unplanned entries made at Hope Creek, compared to the expected number at top performing Unplanned LCO Entries nuclear units (less than or equal to 2/month). andreis me hanns Analysis: There were a total of 10 Unplanned Shutdown LCOs in the 4th Quarter. The goal of two per month was not met. Three of the failures were attributable to a single intermittent electronic failure associated with the Drywell Leak Detection Noble Gas Radiation Monitor that is now corrected. Sep Oct Nov Dec Actions: These issues are being addressed in the Corrective Action and Equipment Reliability Programs. Apr May Jun Monthly Shutdown LCOs Shutdown LCOs Goal Good Unplanned LCO Entries Monthly Shutdown LCOs Shutdown LCOs Goal Jul Oct Jan Feb Mar May Sep Nov Dec Jun

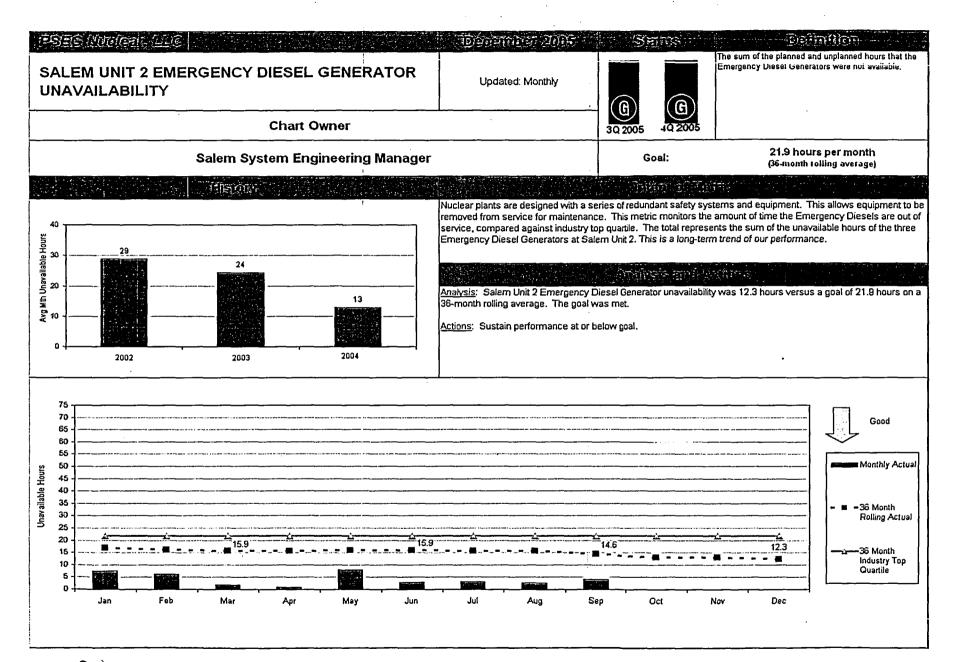


## PSES Musions BLS DECOMPRESENTE The number of Unplanned Non-Shutdown Technical HOPE CREEK UNPLANNED NON-SHUTDOWN Specification Limiting Conditions of Operation (LCOs) entered during the month. LIMITING CONDITION OF OPERATION (LCO) Updated: Monthly **ENTRIES Chart Owner** Hope Creek Site Engineering Director 6 per Month Goal: Nuclear plants are operated under a fundamental set of rules from the Nuclear Regulatory Commission (NRC) called Technical Specifications. Certain rules require operators to enter a non-shutdown LCO. meaning the equipment must be fixed in a defined period of time, or you are required to take compensatory measures. This metric measures the unplanned entries made at Hope Creek, compared to the expected number at top performing nuclear units (less than or equal to 6/month). Unplanned LCO Entries Analysis: There were a total of four Unplanned Non-Shutdown LCOs for the 4th Quarter. The goal of six per month was met. Actions: Sustain performance at or below goal. Aug Sep Oct Nov Dec Jan Feb Mar Apr Jul Monthly Non - Shutdown LCOs Non - Shutdown LCOs Goal 10 Good Unplanned LCO Entries → Monthly Non -Shutdown LCOs —≥-Monthly Non - Shutdown LCOs Goal 2 2 2 Feb Jan Mar Apr May Jun Jul Aug Sep Oct Nov Dec





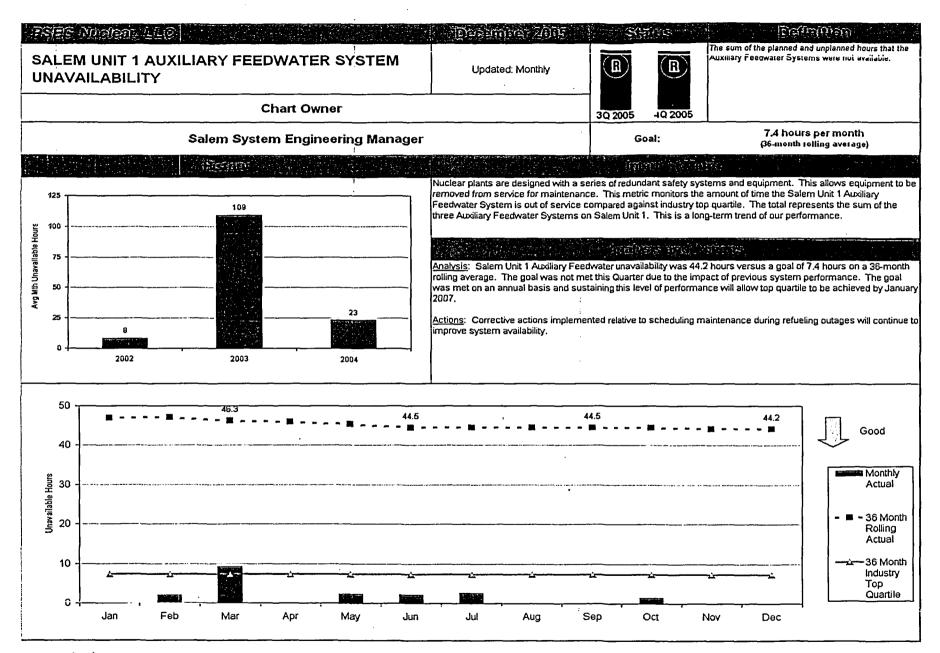




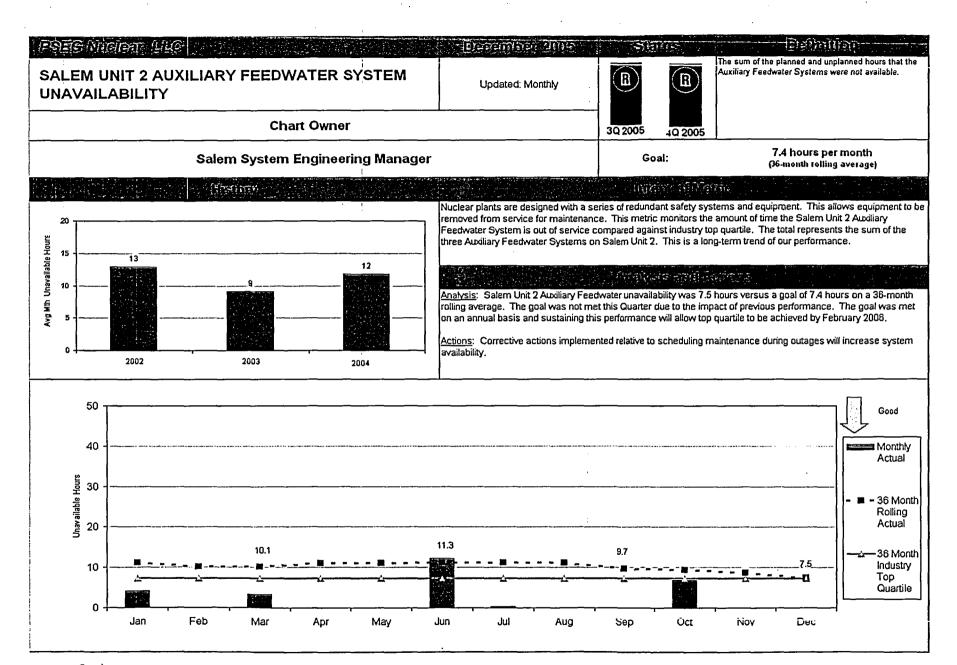


#### PETER INVOICES ILLE Distriction 2005 The sum of the planned and unplanned hours that the Emergency Diesel Generators were not available. HOPE CREEK EMERGENCY DIESEL GENERATOR Updated: Monthly **UNAVAILABILITY Chart Owner** 3Q 2005 40 2005 29.2 hours per month Hope Creek System Engineering Manager Goal: (36-month rolling average) Nuclear plants are designed with a series of redundant safety systems and equipment. This allows equipment to be removed from service for maintenance. This metric monitors the amount of time the Emergency Diesels are out of service, compared against industry top quartile. The total represents the sum of the unavailable hours of the four 126 Emergency Diesel Generators at Hope Creek. This is a long-term trend of our performance. 125 Avg Mth Unavailable Ho Analysis: Hope Creek Emergency Diesel Generator unavailability was 30.4 hours versus a goal of 29.2 hours on a 36-month rolling average. The goal was not met for the 36-month rolling average due to the impact of the previous performance in 2002 & 2003. In the 4th Quarter 2004, extensive actions were completed to improve diesel generator reliability. Based on current level of performance and good reliability, the goal will be met by June 2006. 30 The unavailability hours in the 4th Quarter were due to scheduled maintenance. 10 Actions: Continue to maintain a high level of availability. 2002 2003 2005 2004 Good 70 65 60 55 Monthly Actua 50 Unavailable Hours 45 40 35 -36 Month 30 Rolling Actual 25 20 36 Month 10 Industry Top Quartile Feb Mar Apr May Aug Sep Oct Nov Dec





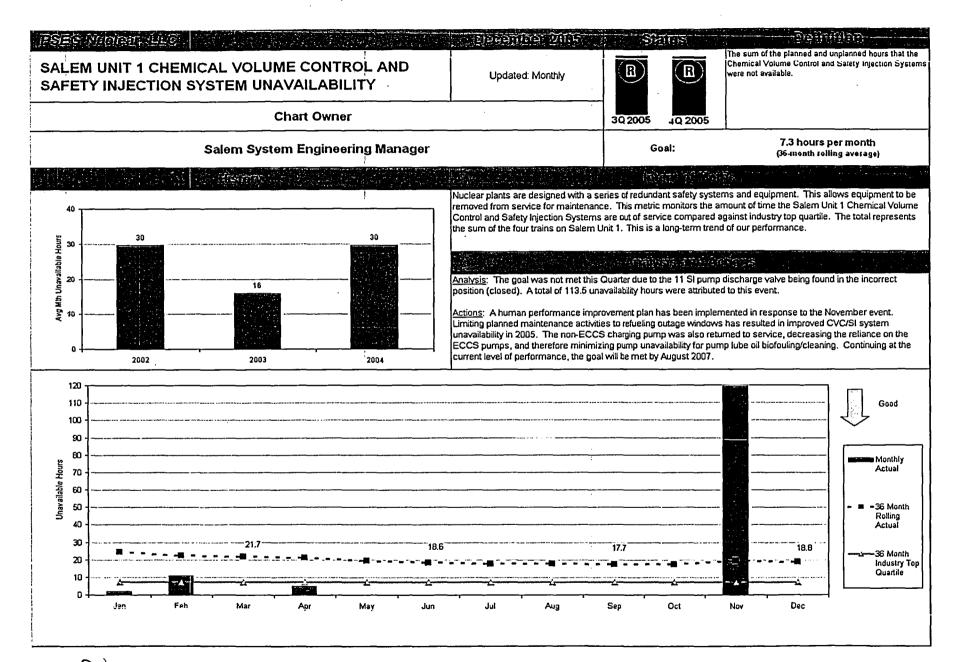






#### PRINCIPAL NUMBER OF THE चित्र विश्वासी हैं हैं Same The sum of the planned and unplanned hours that the Residual Heat Removal Systems were not available. HOPE CREEK RESIDUAL HEAT REMOVAL SYSTEM Updated: Monthly **UNAVAILABILITY Chart Owner** 9.2 hours per month **Hope Creek Site Engineering Director** Goal: (36-month rolling average) Tracks and Tracks Nuclear plants are designed with a series of redundant safety systems and equipment. This allows equipment to be removed from service for maintenance. This metric monitors the amount of time the Hope Creek 30 Residual Heat Removal Systems are out of service compared against industry top quartile. The total represents the sum of both Residual Heat Removal trains at Hope Creek. This is a long-term trend of our performance. Avg Mth Unavailable 17 ecologia e electron Analysis: RHR System unavailability is meeting its goal. There were 80 hours of unavailability during the 4th Quarter. Six percent (6%) was unplanned due to a breaker failure which was repaired. The remaining time was due to surveillance testing and planned maintenance during the RHR System window. Performance in November was a result of the planned system window maintenance. 2002 2003 2004 Actions: Continue to maintain a high level of availability. 60 55 50 45 ailable Hours Monthly Actual 35 že 25 = 36 Month 20 Rolling Actual 15 10 36 Month Industry Top Quartile Mar Apr May Jun Jul Sep Oct Nov Dec Aug







#### The sum of the planned and unplanned hours that the Chemical Volume Control and Safety Injection Systems SALEM UNIT 2 CHEMICAL VOLUME CONTROL AND were not available. Updated: Monthly SAFETY INJECTION SYSTEM UNAVAILABILITY Chart Owner 30 2005 4Q 2005 7.3 hours per month Salem System Engineering Manager Goal: (36-month rolling average) Nuclear plants are designed with a series of redundant safety systems and equipment. This allows equipment to be removed from service for maintenance. This metric monitors the amount of time the Chemical Volume Control and 35 Safety Injection Systems are out of service compared against industry top quartile. The total represents the sum of the four trains on Salem Unit 2. This is a long-term trend of our performance. 25 Analysis: The goal was not met. Salem Unit 2 Chemical Volume Control and Safety Injection System unavailability was 17.3 hours at the end of the 4th Quarter versus a goal of 7.3 hours on a 36-month rolling average. In December, gear box cooler cleaning due to biofouling was required for the 21 charging pump. Actions: Minimizing unavailability by limiting on-line maintenance work has resulted in improved system availability in 2005. In addition, operation of the 23 PDP has minimized unavailability of the centrifugal charging pumps by 2002 2003 2004 limiting the frequency of biofouling cleaning associated with the pumps' lube oil and gear box coolers. Continuing at the current level of performance, the goal will be met by January 2007. 120 Good 110 100 90 ■ Monthly 80 Actual Unavailable Hours 70 60 -36 Month 50 Rolling Actual 40 30 17.3 -36 Month 20 Industry Top Quartile 10 Jan Feb Mar Jui Apr May Jun Aug Sep Oct Nov Dec



